

Discharge Form

California Outcomes Measurements System Cal OMS

Form Serial Number

(USE A BALL POINT PEN)

County Facility

1. Provider ID Number

2. Providers Participant ID

3. Date of Admission Month Date Year

4. Reporting Unit

5. Type of Service (below)

- CODE** **Non Residential Outpatient**

 - 1. Treatment Recovery
 - 2. Day Program – Intensive
 - 3. Detoxification

Residential Inpatient

 - 4. Detoxification – Hospital
 - 5. Detoxification – Non Hospital
 - 6. Treatment Recovery <, = 30 days
 - 7. Treatment Recovery =, > 31 days

6. Date of Discharge Month Date Year
(last face to face contact)

7. Discharge Status

- CODE**
- 1. Completed treatment / recovery plan, goals / referred
 - 2. Completed treatment / recovery plan, goals / not referred
 - 3. Left non-completion – satisfactory progress / referred
 - 4. Left non-completion – satisfactory progress / not referred
 - 5. Left non-completion – unsatisfactory progress / referred
 - 6. Left non-completion – unsatisfactory progress / not referred
 - 7. Death
 - 8. Incarceration

8. Employment Status

- CODE**
- 1. Employed full time – 35 hours or more per week
 - 2. Employed part time – less than 35 hours per week
 - 3. Unemployed – actively seeking employment
 - 4. Unemployed – not in labor force – not seeking employment
 - 5. Not in labor force – not seeking employment

9. Disability Impairment (Enter codes for up to three impairments.)

- 1st 2nd 3rd
- CODE**
- 01. None 04. Speech 07. Dev. Disabled 94=Unable to answer
 - 02. Visual 05. Mobility 08. Other (not AOD)
 - 03. Hearing 06. Mental 90. Declines to state

10. Signed consent on file? 01 = Yes 02 = No

11. What is the code of the County paying for the services / for which services are being delivered? (01–58) 92=None or N/A

12. What is the special services contract ID number under which the services were performed?
(0000–9999) 99902=None or N/A

Alcohol & Drug Codes For Question 13 Below:

- CODE**

 - 00. None
 - 01. Heroin
 - 02. Alcohol
 - *03. Barbiturates
 - *04. Sedative/Hypnotics
 - 05. Methamphetamine
 - *06. Other Amphetamines
 - *07. Other Stimulants
 - 08. Cocaine / Crack
 - 09. Marijuana / Hashish
 - 10. PCP
 - *11. Other Hallucinogens

- *12. Tranquilizers Benzodiazepines
 - *13. Other Tranquilizers
 - 14. Non-Prescription Methadone
 - 15. OxyContin
 - *16. Other Opiates / Synthetics
 - *17. Inhalants
 - *18. Over-The-Counter Drugs
 - 19. Ecstasy
 - *20. Other Club Drugs
 - 91. Unknown/Not Sure/Don't Know
 - *93. Other

If primary drug code is an *item, please write in drug name:

If secondary drug code is an *item, please write in drug name:

Usual Route of Administration Question 14 Below

- CODE**
- 01. Oral
 - 02. Smoking
 - 03. Inhalation
 - 04. Injection – IV or Intramuscular
 - 92. None or N/A
 - 93. Other

13. Alcohol / Drug Problem Primary Secondary

14. Usual Route of Administration

15. Total days of use in past 30 days
(00–30 days) or 92=None or N/A

16. If primary & secondary issues are not alcohol, how many days in the past 30 days has alcohol been used?
(00–30) 92=None or N/A

17. How many days were injectable substances used in last 30 days? (00–30) 90=Declined to state 94=Unable to answer

18. How many days were paid work days in the past 30 days? (00–30) 90=Declined to state 94=Unable to answer

19. Currently enrolled in school?
01=Yes 02=No 90=Declined to state 94=Unable to answer

20. Currently enrolled in job training?
01=Yes 02=No 90=Declined to state 94=Unable to answer

21. Number of times arrested in past 30 days.
(00–30) 94 = Unable to answer

22. Number of days in jail past 30 days. (00–30) 94=Unable to answer

23. Number of days in prison past 30 days. (00–30) 94=Unable to answer

24. Number of times visited ER for physical / medical problems in past 30 days. (00–30) 94=Unable to answer

25. Number of days stayed overnight in a hospital for physical / health problems in past 30 days. (00–30) 94=Unable to answer

26. Number of days participant experienced physical health problems in past 30 days. (00–30) 94=Unable to answer

27. Participant was pregnant any time during treatment.
01 = Yes 02 = No 91 = Not Sure / Don't Know

28. Ever been tested for HIV / AIDS?
01=Yes 02=No 90=Declined to state 94=Unable to answer

29. Has results for an HIV / AIDS test?
01=Yes 02=No 90=Declined to state 94=Unable to answer

30. Ever been diagnosed with a mental illness?
01 = Yes 02 = No 91 = Not sure / Don't know

31. Number of times in past 30 days participant received emergency outpatient mental health needs.
(00–30) 94 = Unable to answer

32. Number of days in past 30 days participant stayed in a psychiatric inpatient hospital/facility. (00–30) 94=Unable to answer

33. In the past 30 days participant has taken medications for mental health needs. 01=Yes 02=No 94=Unable to answer

34. How many days in the past 30 days participant attended social support recovery program: (00–30)

Any of the Following:

- 12-Step Program
- Other Self Help Meetings
- Religious / Faith or Self-Help Meetings
- Attended Meeting Other Than Those Above
- Interactions with Family or Friend in Support of Recovery

35. Current living arrangement.
01. Homeless 02. Dependent 03. Independent Living Arrangement

36. Number of days resided with person(s) who use drugs or alcohol. (00–30) 90=Declined to state 94=Unable to answer

37. Days in past 30 days experienced serious conflict with family members. (00–30) 90=Declined to state 94=Unable to answer

38. Number of children age 17 or less (birth or adopted) (living with participant or not). (00–30) 94=Unable to answer

39. Number of children age 5 or less (birth or adopted) (living with participant or not). (00–30) 94=Unable to answer

40. Number of children living with someone else due to child protection court order). (00–30) 94=Unable to answer

41. How many children living with someone were due to parental rights of participant being terminated?
(00–30) 94 = Unable to answer